REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

Log # 100

X Police	- 1 mm - 0 /4 4 /4 1
City Attorney	DATE: 3/14/11
Bureau of Fire Prevention	Return by: 3/25/11
Health Department	
	NON - CATERER:
CATERER:X	
APPLICANT NAME & ADDRESS: OLD FEDERA 10THSTREET	L PLACE LLC DBA GRAND MANSE, 129 N
DATE & HOURS OF EVENT : SATURDAY, APRI	L 16, 2011; 8:00 A.M. TO 1:00 A.M.
ALTERNATE DATE(S): NONE	
RECOMMENDATION OF	F APPROVAL OR DENIAL
APPROVED	
CONDITIONS	
DENIED	
REASON(S) FOR	
	3-15-11
Kursth- LPd	Date
Signature (If needed, use bac	k for additional space)
- Committee of the Comm	
DUDI IC HEADING REFORE COUNCIL: APRIL 4, 2011 AT	3:00 P.M.

(SDLRPT.JER)

RECEIVED

MAR 1 5 2011

TECHNICAL INVESTIGATIONS UNIT

#100

APPLICATION FOR SPECIAL DESIGNATED LICENSE RETAIL LICENSE HOLDERS

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: www.lcc.ne.gov/

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BEF	ORE SUBMITTING APPLICATION TO THE LIQUOR CONTROL COMMISSION					
	Include approval from the City, Village or County Clerk where the event is to be held					
	A license fee \$40 (payable to Nebraska Liquor Control Commission) for each day/event to be licensed (i.e. if you have two separate areas at one event they both need to be licensed) (unless licensed as a K Caterer no fees required)					
	Application MUST be received at the Liquor Control Commission Office no later than 10 working days prior to event (excluding weekends, Federal and State observed holidays)					
COM	PLETE ALL QUESTIONS					
1.	Type of alcohol to be served and/or consumed					
	Type of alcohol to be served and/or consumed William Wine Distilled Spirits Liquor license number and class (i.e. C-55441) CK - 619061					
2.	Liquor license number and class (i.e. C-55441) Liquor license number and class (i.e. C-55441)					
3.	Licensee name (last, first, middle), Corporate name, Limited Liability Company (LLC)					
	NAME: OLD FEDERAL PLACE LLC					
	ADDRESS: 129 N IDTH STREET					
	CITY LINCOLN NE ZIP 68508					
4.	Location where event will be held; name, address, city, county, zip code					
	ADDRESS: 129 N IDTH STREET					
	CITY LINCOLU NE ZIP 68508					
	COUNTY LANCASTER					

a. Is this location within the city/village limits? b. Is this location within the 150' of church, school, hospital or home aged/indigent or for veterans their wives? c. Is this location within 300' of any university or college campus? ☐ YES▼ NO Must be consecutive days Date(s) and Time(s) of event (no more then six (6) consecutive days on one application)						□ YES¥ NO □ YES∜ NO	
Date Date Date Date Date Date Date							
Hours	From		Hours From	Hours From	Hours From	Hours From	Hours From
B-0041	U TO FUC	M	A To	То	То	То	То
	a. Alternate date: \begin{align*} \lambda \lambda \] b. Alternate location: \begin{align*} \lambda \lambda \] (Alternate date or location must be approved by local)						
6.				e carried on during ad Raiser 🏹 Beer C	event Sarden □ Sampling	√Tasting □ Other	
7.	Description of area to be licensed ☐ Inside building, dimensions of area to be covered IN FEET x Name of building (not square feet or acres) ☐ Outdoor area dimensions of area to be covered IN FEET 27' x 2100' (not square feet or acres) If outdoor area, how will premises be enclosed If ence, type of fence ☐ snow fence I cattle panels ☐ other ☐ tent ☐ other, explain						
8.	*If both inside and outdoor area to be licensed include simple sketch How many attendees do you expect at event? 500						
9.	If over 150, indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. WRISTBANDS/OVER 21 ONLY EVENTS						
10.	Will premises to be covered by license comply with all Nebraska sanitation laws? ▼ YES □ NO a. Are there separate toilets for both men and women? ▼ YES □ NO						
11.	Where v	vill	you be purchasing	g your alcohol 🕻 w	holesaler □ retaile	r □ both	
12.	Will there be any games of chance operating during the event? YES NO If so, describe activity						

NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

- 13. Any other information or requests for exemptions:
- 14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at t the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to.

Print name of Event Supervisor	Phone: Before 40	2)440-7366	 5-7362
Signature of Event Supervisor	nt		

Consent of Authorized Representative/Applicant

15. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign here Authorized Representative/Applicant Title Date

No Representative/Applicant Title Date

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

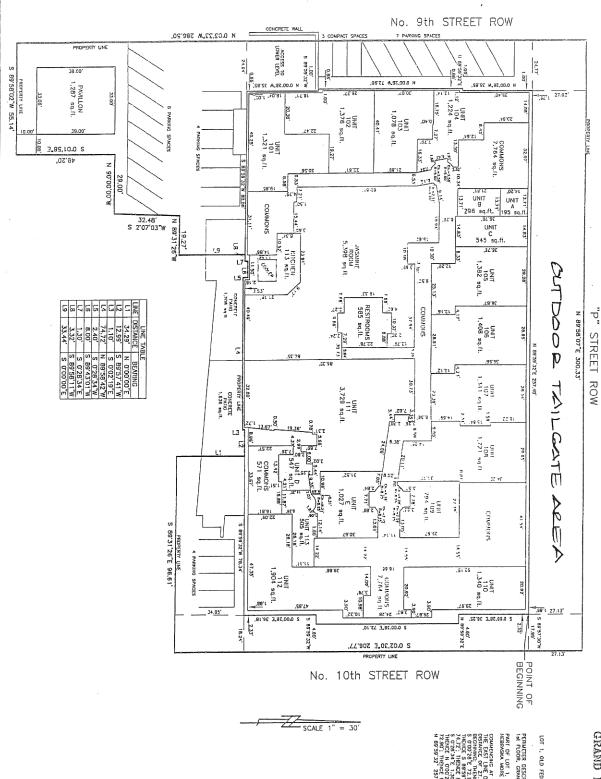
The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

* THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL $\underline{\text{OUTDOOR EVENTS}}$ *

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: SPRING GAME TAILGATING EVENT	d the existing needsed premise.
Applicant and Sponsoring Organization or Person (if applicable):	
Date of Event: DA/16/11 Time of Event: D:00 2	M- 12:00AM
Has the applicant applied for and received liquor liability insurance?	¥ Yes □ No
Number of persons expected to attend: 500 Number of persons under 21	expected:
Is the event open to the public?	X Yes □ No
How will you ensure that minors will not be served or consume beverages containing alcohol: _	FENCED AREA
W/ SECURITY GUARDS / WRISTBANDS ON	ID'D GUESTS.
Will food be served?	V i Yes □ No
If yes, please list food to be served: SKEETER BARNES	
Will non-alcoholic beverages be served: If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS	∀ Yes □ No
Please identify the beverages containing alcohol that will be served:	⊐ B eer □ C istilled Spirits
Will this be a cash or complimentary bar?	□ Complimentary
Who will serve the beverages containing alcohol? GRAND MANGE EMP	LOYES
Have the designated servers received responsible beverage service training?	□ Yes 📜 No
SCNED UP ON LINE Will there be a charge for admission?	∀Yes □ No
In the last 12 months, have you received notice of a liquor law violation that occurred during an designated licensee?	event at which you were the special Yes No
f so, explain:	
Applicant's Signature	



GRAND MANSE CONDOMNIUM REGIME

129 No. 10th STREET LINCOLN, NEBRASKA

LEGAL DESCRIPTION

ND WAYSE CONDOMINIUM REGIME

OLD FEDERAL 2ND ADDITION, LINCOLN, LANCASTER COUNTY
PARTICULARLY DESCRIBED AS FOLLOWS:

MONTHEST COMER OF SWA LOT 1, THENCE SUMMERLY NI ID LOT 1, ON AM ASSENDED BERNING OF S OTZAZOTE A PHENCE MESTERLY, S 0927-20W 17.50; TO THE POINT OF COOZEE 1, 86.25; THENCE N. B895-27 E. ALO; THENCE OF THENCE 1, SHE STATE OF THE STATE AND THENCE THENCE 1, SHE STATE OF THE STATE AND THENCE AND THENCE 15.54; THENCE 1, 89-301 THE STATE AND THE STATE AND THE 15.54; THENCE 1, 89-301 THE STATE AND THENCE AND THE AND THE AND THENCE AND THENCE AND THENCE AND THE A A A TOTAL

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SUPPLEMENTAL FORM FOR SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1.	Number of Entry & Exit Points & Dimensions:(height & width)		X		
			^)	
2.	Size & location of tent(s):				
	(heights, width, depth)	X	X)	
3.	Size of area being used:		1 0		
	(height & width)	(1x_ <i>7.10</i>	<u>) </u>	
4.	Location & type of cooking equipment (if used)	Δ			
5.	Location of tables & chairs:				
	(If stage for band provided & dance area, show dimension	ons & site on draw	ring.)		
5.	Height & type of fencing to be used:	IN LINK			
	(height)	6+6×12	PANELS		
	DEE ATTA	\ CUT			
	LE AII	ACLIED			
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Saved as: SDL Online Application